

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23475

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Lamar Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb INSTITUTION Memorial Hosp. 3 days				d. STREET ADDRESS (If outside, give location) 700 Perry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Edward Franklin Bronson				4. DATE OF DEATH Month July Day 5 Year 1957			
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 18, 1891	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 65 Days 65 Hours 65 Min. 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTH PLACE (City and state or country) Nebraska				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Richard Bronson				14. MOTHER'S MAIDEN NAME Marella Alma Wigent			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address 700 Perry St. Lamar, Mo. Mrs. Louisa Bronson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accident DUE TO (b) Hypertension DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypostatic Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 3 days years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 1 Month 2 Day 14 Year 57 a. m. 26 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-14-50 to July 5, 1957 and last saw him alive on 7-5-57 Death occurred at 1:26 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D.				22b. ADDRESS Lamar, Mo.		22c. DATE SIGNED 7-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 7, 1957		23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.		23d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS J. C. Canada, Greenfield, Mo.				25. DATE RECD. BY LOCAL REG. JUL 8 1957		26. REGISTRAR'S SIGNATURE Margie Kossatz	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J. C. Canada

Licensed Embalmer No. *41*

P. O. Address *Greenfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.